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Urban District of Brentwood



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Annual Report

of the

Medical Officer of Health

and the

Chief Public Health Inspector

for

1964

Urban District of Brentwood

MEMBERS OF THE COUNCIL

(as at the 31.12.64)

Chairman: Mr. J. A. Isgrove, J.P.

Vice-Chairman: Mr. H. Van den Branden, J.P.

W. F. Baker	(1)
C. Barber	(1)
A. M. Cannon	
J. W. Cole	
M. C. Copsey	(1)
A. J. Davidson	
R. Fraser	(1)
G. C. Green	
J. R. G. Higgs	
M. Horovitch	
F. Lockett	
H. L. Lansdell	
R. A. Laver	(1)
E. A. Mather	(1)
K. E. Nicholls	(1)
J. W. E. Reddell	
J. S. Rowe	(1)
F. W. C. Salway	(2)
F. H. Sanderson	
J. K. Savage	
A. F. Scotchbrook	
A. R. Scrivener	(1)
R. W. Sibley	
Mrs. C. M. Sidebotham	(3)
D. F. Shields	(1)
J. M. Smith	
N. R. Thain	
J. Thompson	

- (1) Member of the Health and Sewerage Committee.
(2) Chairman of the Health and Sewerage Committee.
(3) Vice-Chairman of the Health and Sewerage Committee.

PUBLIC HEALTH DEPARTMENT STAFF

(as at the 31.12.64)

Medical Officer of Health :

Dr. John R. R. Wray, M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health :

Dr. Wendy Billington M.B., B.S., M.R.C.S., L.R.C.P. (appointed 7.5.64)

Chief Public Health Inspector :

Mr. P. T. Shelton, M.A.P.H.I., M.R.S.H., Public Health Inspector, Meat and Food Inspector, Royal Society of Health's Certificate in Sanitary Science as applied to Buildings and Public Works. Final Examination Chartered Auctioneers' and Estate Agents Institute.

Deputy Chief Public Health Inspector :

Mr. E. A. Sheppard, M.A.P.H.I., C.R.San.I., Public Health Inspector, Meat and Food Inspector, Royal Society of Health's Certificate in Sanitary Science as applied to Buildings and Public Works.

District Inspectors :

Mr. J. Millward, M.A.P.H.I., C.R.San.I., Public Health Inspector, Meat and Food Inspector, R.S.H. Diploma for Smoke Inspectors. Certificate—Liverpool University for Boilerhouse Practice and Fuel Economy. London University in Environmental Sanitation.

Mr. G. D. John, M.A.P.H.I., C.R.San.I., Public Health Inspector, Meat and Food Inspector, R.S.H. Diploma for Smoke Inspectors.

Mr. D. L. Williams, M.A.P.H.I., Public Health Inspector's Certificate of the P.H.I.W.B., Certificate of Sanitary Knowledge (Liverpool University), Certificate of competency in Meat and Food Inspection (Liverpool University), R.S.H. Diploma for Inspection of Meat and Other Foods, R.S.H. Diploma for Smoke Inspectors. (Commenced 13.4.64).

Clerk : Miss E. P. Turff, A.R.S.H. **Part-time Clerk :** Mrs. J. M. Smith,

Shorthand/typist : Mrs. T. Clark

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
FOR THE YEAR 1964

To the Chairman and Members of the
Urban District Council of Brentwood.

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in presenting my Annual Report for 1964.

It is with regret that I shall leave Brentwood, as I have been very happy here. However, the duties of my new appointment as Medical Officer of Health, Nassau, were advertised as "to organise a modern preventive health service in affiliation with the Harvard University School of Public Health"; this was a challenge I could not resist. I hope I shall be able to teach the Americans something of what I have learnt here.

My warm thanks go to the Chairman and members of the Health Committee for their support and I wish to express my gratitude to the members of the Health Department for their efficient and conscientious work.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

JOHN R. WRAY.

Section "A"

STATISTICS AND SOCIAL CONDITIONS

Area in Acres	18,166
Estimated (mid-year) Resident Population (Registrar General's figures)	54,230
Rateable Value	£2,183,434
Sum represented by a Penny Rate	£9,475
Number of Inhabited Houses	16,093

VITAL STATISTICS

Live Births :	M.	F.	Total
Total Number of Births	512	493	1005
Number of Legitimate Births	493	479	972
Legitimate Births (% of total live births)			96.71 %
Number of Illegitimate Births	19	14	33
Illegitimate Births (% of total live births)			3.28 %
Crude Birth Rate per 1,000 population			18.53
Area Comparability Factor			0.93
Corrected Birth Rate			17.23

	Brentwood		England & Wales	
	1963	1964	1963	1964
Live Birth Rate per 1,000 population	15.88	17.23	18.2	18.4
Illegitimate Births (% of total live Births)	3.3	3.28	—	—

Still Births :	M.	F.	Total
Number of Still Births	11	3	14
Legitimate	11	3	14
Illegitimate	—	—	—
Stillbirths Rate per 1,000 total live and Stillbirths			13.74
Total Live and Stillbirths			1019

	Brentwood		England & Wales	
	1963	1964	1963	1964
Still birth Rate per 1,000 total Live and Stillbirths	7.68	13.74	17.3	16.3

Deaths :	M.	F.	Total
Total Deaths	257	296	553
Crude Death Rate			10.19
Area Comparability Factor			0.85
Corrected Death Rate			8.66

	Brentwood		England & Wales	
	1963	1964	1963	1964
Death Rate per 1,000 population	9.39	8.66	12.2	11.3

Infant Mortality :

Infant Mortality Rate (total infant deaths per 1,000 total live births)	24.87
Legitimate Infant Mortality Rate (total legitimate infant deaths per 1,000 legitimate live births)	25.72
Illegitimate Infant Mortality Rate (total illegitimate infant deaths per 1,000 illegitimate live births)	Nil
Neo-natal Mortality Rate (deaths of infants under four weeks per 1,000 total live births)	19.9
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births)	17.9
Perinatal Mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	31.4

	Brentwood		England & Wales	
	1963	1964	1963	1964
Infant Mortality Rate	14.38	24.87	20.9	20.0
Illegitimate Infant Mortality Rate	Nil	Nil	Nil	Nil
Neo-natal Mortality Rate	8.85	19.9	14.2	13.8
Perinatal Mortality Rate	16.47	31.4	29.3	28.2

Maternal Mortality (including abortion) :

Number of deaths due to pregnancy or confinement ...	Nil
Maternal Mortality Rate per 1,000 total live and stillbirths	Nil

	Brentwood		England & Wales	
	1963	1964	1963	1964
Maternal Mortality Rate	Nil	Nil	0.28	0.25

VITAL STATISTICS

The birth rate is the highest for any year since 1947. Unfortunately more infants than usual were born premature. This has led to a high infant mortality rate, the highest since 1952. Of the 25 children who died under 1 year, in two the cause was bronchopneumonia; in one an accident; in one case birth difficulty; in eight cases congenital malformations; and in 13 cases the cause was given as prematurity. The number of stillbirths was also up, giving a high perinatal mortality rate.

The corrected death rate is the lowest since 1957.

CAUSES OF DEATH (Contd.)

	Sex	All Ages	Total	Under 4 weeks		4 weeks and under 1 year	Age in years							
				1-	5-		15-	25-	35-	45-	55-	65-	75 & over	
Bronchitis	M	19	—	—	—	—	—	—	—	—	—	4	6	9
	F	6	—	—	—	—	—	—	—	—	—	—	—	5
Other Diseases of Respiratory System	M	2	—	—	—	—	—	—	—	—	—	—	2	—
	F	3	—	—	—	—	—	—	—	—	—	—	1	2
Ulcer of Stomach and Duodenum	M	2	—	—	—	—	—	—	—	—	—	—	1	1
	F	2	—	—	—	—	—	—	—	—	—	—	—	2
Gastritis, Enteritis and Diarrhoea	M	1	—	—	—	—	—	—	—	—	—	—	—	1
	F	3	—	—	—	—	—	—	—	—	—	2	1	—
Nephritis and Nephrosis	M	3	—	—	—	—	—	—	1	—	—	1	1	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	1
Hyperplasia of Prostate	M	1	—	—	—	—	—	—	—	—	—	—	—	1
Congenital Malformations	M	3	2	—	—	—	—	—	—	—	—	—	—	—
	F	5	3	—	—	—	—	—	—	—	—	—	—	—
Other Defined and Ill-defined Diseases	M	21	6	1	—	2	—	—	1	3	1	4	3	7
	F	33	8	—	—	—	1	—	6	1	2	8	—	—
Motor Vehicle Accidents	M	3	—	—	—	—	—	—	—	2	—	1	—	—
	F	3	—	—	—	1	—	—	—	1	—	—	—	1
All other Accidents	M	8	—	—	—	—	1	1	2	—	—	1	1	2
	F	10	—	—	—	—	—	—	1	—	—	—	—	8
Suicide	M	2	—	—	—	—	—	—	1	1	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—
Total: all causes	M	257	9	1	2	2	2	2	10	21	51	64	93	—
	F	296	11	4	—	1	1	2	12	16	24	73	152	—

This year the table giving the cause of death is divided into age groups. It will be noticed that the biggest proportion of deaths were in the age group 75 and over.

Similar to previous years, coronary disease accounts for the biggest total of deaths—107 compared with 102 last year. More men than women died from this cause between the ages of 55 and 65, whilst the greatest number of deaths in women took place in the age group 75 and over.

Compared with last year, there has been a decrease in the number of people dying of cancer, but an increase in all forms of heart disease.

There was again a small increase in cases of cancer of the lung, but a drop in the number of deaths due to bronchitis.

The number of Brentwood residents killed in motor vehicle accidents was 6, compared with 5 the previous year.

ANALYSIS OF NOTIFIABLE DISEASES UNDER AGE GROUPS

Under

	1 yr. M. F.	1 yr. M. F.	2 yr. M. F.	3 yr. M. F.	4 yr. M. F.	5-9 M. F.	10-14 M. F.	15-24 M. F.	25-44 M. F.	45-64 M. F.	65-74 M. F.	75 & over M. F.	Totals M. F.
Scarlet Fever ...	—	—	—	—	1	2	5	2	—	—	—	—	5 5
Whooping Cough ...	3	4	3	3	5	7	15	1	—	—	—	—	21 37
Measles ...	6	5	27	33	40	43	37	38	48	49	146	128	307 300
Dysentery ...	—	1	1	—	—	1	—	—	5	3	2	—	7 9
Pneumonia ...	—	—	—	—	—	—	—	2	1	1	—	1	2 5
Tuberculosis ...	—	—	—	—	—	—	—	—	2	4	2	1	7 5
Food Poisoning ...	—	—	1	—	—	—	—	1	1	2	1	—	3 4
Meningococcal infection ...	—	—	—	1	—	—	—	—	—	—	—	—	— 1
Infective Hepatitis ...	—	—	—	—	—	1	—	1	—	1	—	—	1 4

Totals: 9 10 31 38 44 48 38 44 52 52 157 148 5 5 5 11 5 10 6 2 — 2 1 — 353 370

INFECTIOUS DISEASES

The following is a comparative table of notification of infectious diseases:—

	1963	1964
Scarlet Fever	8	10
Whooping Cough	30	58
Measles	1,158	607
Dysentery	82	16
Pneumonia	10	7
Typhoid Fever	1	—
Paratyphoid	1	—
Erysipelas	1	—
Food Poisoning	2	7
Tuberculosis—respiratory	10	12
Tuberculosis—other forms	1	—
Infective Hepatitis	—	5
Meningococcal infection	—	1
Puerperal pyrexia	1	—
	1,305	723

Scarlet Fever:

The number of cases notified was about the same as in previous years. The disease is caused by the streptococcus which is wide-spread in the community and can cause a streptococcal sore throat without a rash. In these cases the disease is not notifiable.

Whooping Cough:

There was again an increase for the second year running. Seven of the cases occurred in children under one year of age. During the year it was decided that in the Brentwood Clinics, immunisation against whooping cough would start earlier, beginning at the age of three months. Previously immunisation had commenced with poliomyelitis vaccine at six months, followed by whooping cough vaccine at nine months. By giving the whooping cough vaccine earlier it is hoped to prevent this disease in very young children, because whooping cough is only serious when it attacks a small infant.

Measles:

This was an intermediate year for measles and only about half as many cases occurred as in 1963. Trials with vaccines against measles are proceeding satisfactorily and it is hoped that one will soon be available for parents who wish to protect their children. However, many parents may feel that there are already too many injections which their children have to suffer.

Poliomyelitis:

Again, no cases occurred during the year. This is due to the widespread use of the oral vaccine, which one hopes has eliminated the wild virus which causes the disease from the community.

Dysentery:

There was no epidemic of dysentery during the year. Only scattered cases were notified. However, a great number of people in Brentwood, particularly children, suffered attacks of diarrhoea and vomiting and therefore I made a special study of this with the co-operation of the primary schools. The diarrhoea and vomiting was found to be due to a virus and there is no easy way of stopping its spread, just as there is no easy way of stopping the common cold spreading. A full account of my investigation is given at the end of this report.

Typhoid Fever:

There were no cases during the year. As soon as it was learnt that a 6lb. tin of corned beef from the Argentine was suspect as being the cause of the typhoid epidemic in Aberdeen, notices were sent to all schools, shops and canteens, advising them to stop the sale of corned beef until the suspect tins could be identified. The Ministry of Health then informed us which tins were suspect and these were withdrawn from sale. A further Ministry circular later implicated other types of corned beef and again all food premises were notified. Health Inspectors visited all food shops advising on hygiene, particularly the cleaning of instruments such as bacon slicers.

Food Poisoning:

There were 7 cases of food poisoning during the year. In all cases incidents were isolated ones. I would like to emphasize once again that it is only due to the unremitting hard work of the Health Inspectors in supervising all premises selling or preparing food, that the Town keeps free from outbreaks of food poisoning which have become very much more common in recent years in England.

Tuberculosis:

There were 12 new cases during the year. Prevention of this disease is carried out by the Brentwood Chest Clinic in conjunction with Health Visitors of the Essex County Council. The Essex County Council, through the School Health Service, offer all school leavers protection against this disease with B.C.G. vaccine. During the year, 428 children were tested, of whom 72 were found positive and referred to the Chest Clinic for investigation. 330 were given B.C.G. vaccine.

Infective Hepatitis:

Five cases were notified during the year. This is a virus infection which can be passed on to other people by food handlers, so that all cases were investigated to ensure that they were not in a food trade .

Section "B"

OTHER ORGANISATIONS AND SERVICES

Tuberculosis After-Care Association:

This voluntary organisation decided during the year to change its name to the Brentwood Tuberculosis and Chest Care Association. They have extended their work of helping tuberculosis patients (by giving free milk and other protein foods) to patients with other chronic chest complaints.

Laundry Service for the Incontinent:

This service offers free laundering for the chronic sick where laundry is soiled and unsuitable for sending to a commercial laundry. Twenty-nine new patients received this service during the year.

Health Education:

This mainly continued by the exhibition of posters giving advice on food hygiene and warning against the dangers of smoking.

An exhibition entitled "Preparation for Retirement" was held in the hall of the Council Offices to advise the elderly on steps they should take to prepare themselves for retirement and what organisations and services were available to help.

During the year I gave a course of lectures in First Aid to Civil Defence Workers. Health Inspectors were invited to the various hospitals in the area and gave lectures to catering staff.

Home Safety

The following report has been received from Miss Evelyn Turff, Honorary Secretary of the Brentwood Home Safety Committee.

"In the Autumn of 1963 we discussed the possibility of forming a County Home Safety Committee. During the early part of 1964, Mr. C. E. Williams from County Hall, attended one of our meetings and plans were laid for the inaugural meeting to take place sometime in May.

On the 28th May, 1964, we arrived at the Civic Centre Chelmsford, and were very pleased to see representatives from Basildon, Braintree, Chelmsford, Dagenham, Hornchurch, Romford, Thurrock, Benfleet, Canvey Island, Rochford and Rayleigh Councils. The purpose of this Essex Committee was to foster a deeper interest in what other committees were doing and to help each other with equipment during exhibitions and other events. This was an interesting and enjoyable meeting and after much discussion it was decided to name the committee "Essex Home Safety Liason Committee". Dr. J. R. Wray was elected the first Chairman and Mr. G. S. Self the Honorary Secretary.

The biggest event during the year was the Autumn Exhibition held at 113 High Street, Brentwood. We were able to use all our own exhibits and borrowed other items including a film projector and press-button unit from County Hall. Posters were displayed around the walls of the shop and leaflets together with Pension Book wallets and Family Allowance Book wallets were distributed. Special emphasis was made on the dangers from fireworks. We also arranged a small exhibition at the Bentley Fete on the 6th June, 1964. Although we had a marquee placed at our disposal the weather was so disappointing only a few people ventured out to see it.

In an endeavour to interest children in "Home Safety" Mr. G. Rolls gave a film show at the Brentwood Secondary School and Dr. J. R. Wray visited Shenfield Technical School to carry out tests on the girls who had studied "Home Safety" under the Duke of Edinburgh's Award Scheme for Girls. We also distributed book-markers and paper serviettes to all Infant, Primary and Junior Schools in the district and Calendars for 1965 were given to all children attending the Grammar, County High, Ursuline, Secondary Modern and Technical Schools in the area.

Mrs. Hayward, our Vice-Chairman, attended the National Home Safety Conference which was held at Friends House, Euston Road, on the 28th October 1964. Mrs. Hayward gave a very interesting account of this conference and as an outcome of this report our committee has requested the Council's Housing Manager to arrange for all new tenants to have leaflets, particularly concerning the safe use of appliances, and if possible to arrange permanent fittings to take fireguards where open fireplaces are fitted.

More and more fatal accidents happen every year. But for every accidental death at home there are probably at least 200 non-fatal injuries of varying degrees of severity. Moreover, those people most at risk are the ones who are most in need of protection—the very young and the very old.

What are we in Brentwood going to do about this? We shall, of course, continue with even greater effort to awaken interest in the community particularly amongst the children, and to arrange further campaigns and exhibitions during 1965. With the help of the County Health Visitors we shall endeavour to obtain actual facts and figures of all accidents which occur locally and are known to them. This kind of information has hitherto been impossible to obtain, but with their co-operation we shall be able to bring to the public actual facts which should be of immense importance to all those concerned in safety."

Road Safety:

I am indebted to Mr. Bond the Road Safety Organiser for the following details of activities in Brentwood:

Driving Courses. A series of valuable and interesting courses with Police lectures and facilities to use the Police Driving School skid pad was fully attended in the months of January, February, November and December. Members of the public greatly appreciated the advanced driving techniques given and achieved greater skill and safety. More courses are planned for 1965.

Road Safety Quizes. Adult inter-organisation contests and Senior and Junior inter-school contests were held on Highway Code knowledge. The standards were high and the competitive spirit very keen, particularly among the children, whose detailed knowledge of how road users should behave is evidently put into practice consistently, as witness the lower pedestrian and cycle accident rate in ratio to adults.

Exhibitions. These included photograph and poster displays at a local cinema, district poster and pamphlet campaign, particularly on Drink and Driving at Christmas, Road Safety stand at the Cricket Ground Concours of

cars, pamphlet and poster stand at local fete, the hire and siting of Essex Police Mobile Exhibition in May, June and September, and a visit from Coco, the famous Clown who spoke to a great audience of children on Road Safety.

Cycling Proficiency. During the early summer about 100 children were trained and tested in cycling proficiency and a special display given at Brentwood Preparatory, Middleton Hall.

Many parents who planned to give their children cycles for Christmas were advised on how to supervise road behaviour and teach basic safety measures.

Carnival. The Road Safety Float in the Carnival procession emphasized the need for Motor Cyclists to wear a helmet whatever else they might care to discard. A rather saucy female figure in a topless dress (but helmeted) standing beside a motorcycle certainly attracted attention.

The Tufty Club. A branch of this R.O.S.P.A. National Club for the safety of little ones was started in Brentwood with satisfying public response. Development is proceeding steadily to almost 200 members now. A Tufty Mothers Committee is to be formed to stimulate interest in training the very young to cope with the road hazards they inevitably must meet.

Junior Accident Prevention Council. Two representatives from all local senior and junior schools from this Council which is concerned with Road Safety in general for the younger generation.

Monthly meetings produce original ideas and keen co-operation in terms of helping the Road Safety Committee in traffic observations, helmet counts, etc. The J.A.P.C. are taken to R.O.S.P.A. House Road Safety Exhibition and a social outing annually.

General. Brentwood is particularly fortunate in having a very active and responsible Road Safety Committee and a conscientious Police Division. School Heads are most helpful and consistent in their efforts to instil safety habits, and the Press, who are given regular reports, are co-operative. The administrative assistance given me by Miss Edna Turff, especially in running the Tufty Club, is invaluable.

Welfare Services—Voluntary Organisations:

Towards the end of the year the Brentwood & District Welfare Committee for the Aged decided to make a list of all old people in the district and appoint visitors to be responsible for areas of the town and regularly visit old people who need it.

The W.V.S. continued its many duties, including the much appreciated "meals-on-wheels" service.

SECTION "C"

ENVIRONMENTAL CIRCUMSTANCES OF THE AREA

Sewerage and Sewage Disposal:

Two major schemes to extend sewage disposal works commenced during the year, one at Lapwater Hall and the other at Nags Head Lane. Both are urgently required due to overloading of the works which has restricted building development. In the case of Lapwater Hall, the contract was placed and the work commenced in June. Nags Head Lane design work was commenced and it was found that the ultimate cost of this scheme is going to be far more than was originally anticipated. Meanwhile the sewage lagoons which are in temporary use there have proved their worth in producing a reasonable effluent.

At Magpie Lane, thirteen additional properties were connected to the main sewerage system.

With regard to new sewerage connections, design work continued on a trade effluent sewer for Ilford Ltd. and for extension of the sewer down the Rayleigh and Chelmsford Roads.

A number of diversions to existing sewers in the vicinity of the new Brentwood by-pass were completed.

Water Supply:

I have received reports from the South Essex Waterworks Company and the Southend Waterworks Company, both of whom report that:—

- (a) Water supply to the area and its several parts has been satisfactory in quality and quantity;
- (b) Bacteriological and chemical examinations of the raw water and water going into supply are made regularly. In the case of the Southend Waterworks Company regular daily samples are taken, and in the case of the South Essex Waterworks Company a total of over 4,055 examinations were made. In addition samples were examined for radioactivity;
- (c) There was no plumbo-solvent action in the water from either supply;
- (d) No action was necessary in respect of any form of contamination from either supply;
- (e) The South Essex Waterworks Company supplied a population of about 54,230 by direct supply to 15,624 houses. The number of houses supplied by standpipes was insignificant. Southend Waterworks Company supplied a population of 3,507 by direct supply to 1,044 houses, but no houses by standpipes.

All water samples taken locally were found to be satisfactory. Although the amount of water delivered during the year was sufficient, it is my opinion that there is likely to be a shortage of water in 1965 if we have a further dry year like 1964. Unless further sources of water are found, there is almost bound to be a slowing up of building development in Essex.

Refuse Disposal:

During the year the Council at last acquired the Refuse Tip after protracted negotiations. This is a very satisfactory outcome, as now controlled tipping can take place. Nuisance due to rats and flies have now been eliminated.

Housing:

Between April, 1964, and March, 1965, 336 new houses were erected by private builders and 213 houses were erected by the Brentwood Council. A comprehensive redevelopment of the Railway Square and St. James' Road area was agreed by the Ministry of Housing and Local Government.

Brentwood Council provide 128 bungalows for old people, and during the year construction started on 43 more dwellings in Harewood Road. This scheme, now completed, has a full-time warden and a communal lounge and laundry. The great advantage of having a warden is that old people can summon help if they need it. The provision of a warden for the 25 dwellings at Brookfield Close has proved most successful and it is hoped to arrange for a warden for the 28 dwellings in Danbury Close.

In the statistics given by the Chief Public Health Inspector it will be noted that a great deal of the Health Inspectors' time is spent in housing inspections and I consider it very commendable that so many houses have been improved with the help of their efforts and in many cases by grants from the Council.

A major task during the year has been the preliminary survey of shops and offices to see that they comply with the Offices, Shops and Railway Premises Act 1963. This should lead to much improved working conditions for employees.

Overcrowding:

No cases of overcrowding were found during the year.

Public Conveniences:

During the year the Council agreed to install hand washing facilities in all public conveniences except one, which is too small a building.

Atmospheric Pollution:

During the year a Smoke Control Order was approved for the Brentwood (Ingrave No. 4) area. Very little money has been spent by the Council on Smoke control and I consider that a more vigorous attempt should be made to control atmospheric pollution. Although it is agreed that cigarette smoking is a major cause of lung cancer, this is not the only factor. Atmospheric pollution, in my opinion, is just as important.

Common Lodging Houses:

There are no common lodging houses in the district.

Section "D"
GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA
National Health Service Act, 1946—Part II Hospital Services

Brentwood Group Hospital Management Committee
Annual Return for year ended 31st December, 1964

	Brentwood Dist. Hos.	Maternity Home	Harold Wood	High Wood	St. Faith's Hospital	Alexandra Annexe	Specialist Clinics	Totals
1. Staffed beds allocated at 31st December, 1964 ...	62	14	382	181	346	28	—	1013
2. Average daily number of available beds ...	62	14	377	177	346	28	—	1004
3. Average daily bed occupation during the year ...	44.75 72.17%	11.67 83.35%	322.60 85.57%	153.43 86.67%	171.37 49.53%	24.20 86.43%	—	728.02 72.51%
4. Discharges and deaths during year	1427	471	6725	444	33	74	—	9174
Chest Clinic								
5. Annual Number of Consultative Clinic Sessions held ...	496		1364	306	—	—	188	2354
6. New Out-Patients during year ...	3494		8492	816	—	—	371	13173
7. Total attendances during the year	10915		43753	4758	—	—	2883	62309
8. Accident and Emergency attendances ...	1540		25147	—	—	—	—	26687
9. Physiotherapy								
(i) New In-Patients ...	193	364	2178	120	—	—	—	2855
Attendances ...	2690	837	18356	3930	—	—	—	25813
(ii) New Out-Patients ...	1737	248	903	281	—	—	108	3277
Attendances ...	20995	642	9535	4977	—	—	1591	37740
(iii) Total Treatments ...	39246	2121	35271	18221	—	—	1762	96621
Group Exercises:								
New Patients ...	—	—	372	—	—	—	—	372
Attendances ...	—	—	4386	—	—	—	—	4386
Total Treatments ...	—	—	9259	—	—	—	—	9259

		Brentwood Dist. Hos.	Maternity Home	Harold Wood	High Wood	St. Faith's Hospital	Alexandra Annexe	Specialist Clinics	Totals
10	Occupational Therapy:								
	(i) New In-patients	...	—	238	72	11	—	—	321
	Attendances	...	—	48512	3840	17439	—	—	69791
	(ii) New Out-patients	...	—	174	73	—	—	—	247
	Attendances	...	—	6998	1259	—	—	—	8257
11.	Speech Therapy:								
	(i) New In-patients	...	—	15	—	—	—	—	15
	Attendances	...	—	60	—	—	—	—	60
	(ii) New Out-patients	...	—	15	—	—	—	—	15
	Attendances	...	—	458	—	—	—	—	458
12.	Audiometry:								
	(i) New In-patients	...	4	9	—	—	—	—	13
	Attendances	...	4	10	—	—	—	—	14
	(ii) New Out-patients	...	160	147	—	—	—	—	307
	Attendances	...	280	269	—	—	—	—	549
13.	Orthotics:								
	(i) New In-patients	...	—	—	—	—	—	—	—
	Attendances	...	—	—	—	—	—	—	—
	(ii) New Out-patients	...	—	—	115	—	—	61	176
	Attendances	...	—	—	688	—	—	231	919
14.	Surgical Appliances:								
	(i) New In-patients	...	45	70	—	—	—	—	115
	Attendances	...	61	90	—	—	—	—	151
	(ii) New Out-patients	...	334	680	—	—	—	—	1014
	Attendances	...	1051	721	—	—	—	—	1772
15.	Dietetics:								
	(i) New In-patients	...	—	501	—	—	—	—	501
	Attendances	...	—	13449	—	—	—	—	13449
	(ii) New Out-patients	...	—	308	—	—	—	—	308
	Attendances	...	—	1406	—	—	—	—	1406
16.	X-Ray Units:								
	(i) In-patients	...	—	22340	830	—	—	—	24933
	(ii) Out-patients and others	...	1763 23949	37201	768 5622	— Chest Clinic	—	—	61918 5622

WARLEY HOSPITAL

As mentioned in last year's report the statistics from this hospital are important as there are about 1,700 patients who contribute to the morbidity and mortality of the district. I have abstracted the following from the report of the Physician Superintendent:—

"During the year there were 144 deaths, of which 49 were in the age group 65/74 years; 27 in the age group 75/79; 38 in the age group 80/89 years and 6 aged 90 years or over; thus a total of 120 (83.3%) were over 65 years of age at death.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
(1) Number on Books at 31.12.63	726	1,060	1,786
(2) Number admitted during 1964	526	815	1,341
(3) Number discharged and left during 1964	459	760	1,219
(4) Transferred to other hospitals	5	5	10
(5) Died	58	86	144
(6) On Books at 31.12.64	730	1,024	1,754

The health of the patents has generally been good, and there is nothing remarkable to report. The figures for tuberculosis are very slightly higher than last year, there being two active female and seven active male patients, compared with one and five last year, plus two quiescent females and eight quiescent males, compared with three and fourteen last year."

NATIONAL BLOOD TRANSFUSION SERVICE

I have received the following report from the Director of the North-East Metropolitan Regional Blood Transfusion Centre:—

"In 1964, blood donor sessions were held for the Brentwood Panel at St. Thomas' Parish Hall, Eastfield Road, the Royal Signals T.A. Drill Hall, Chestnut Grove, and at St. Mary's Parish Hall, Shenfield.

1,734 attendances were made by donors from Brentwood and district at 16 sessions held during the year, representing an increase of approximately 15% on the previous year's figures.

Members of the W.V.S. gave valuable help to the National Blood Transfusion Service in providing regular assistance at these sessions.

Local firms have again allowed donor sessions to be held on their premises and 281 additional donations were made at these sessions in the past year.

The Regional Blood Transfusion Centre in Brentwood serves an area of 1,600 square miles, which includes 130 hospitals, on behalf of which over 100,000 bottles of blood were collected in 1964.

With the increasing use of blood transfusions in the local hospitals, more volunteers are required to maintain this essential service, and all who are in good health and between the ages of 18 and 65 years are invited to enrol as blood donors.

Further information can be obtained from the Regional Donor Organiser, Blood Transfusion Centre, Crescent Drive, Brentwood."

Brentwood Maternity Home

An extension of 10 beds was agreed during the year. This is very necessary in view of the rising birth-rate.

A new maternity unit at Harold Wood Hospital is also being planned.

PART III—LOCAL HEALTH AUTHORITY SERVICES:

The following is a list of the Clinical Sessions provided by the South Essex Area Health Committee and held at the **Brentwood Combined Treatment Centre, 39 Queens Road, Brentwood, Essex.** (Telephone: Brentwood 1863)

Type of Service	Day and Time
Child Welfare	Monday afternoons, 2 p.m.-4 p.m.
Dental Inspection	Monday afternoons, 2 p.m.-3.30 p.m.
Immunisation & Vaccination	Monday afternoons, First in month
Minor Ailment (School Health Service)	Tuesday mornings
Midwives' Clinic	Tuesday afternoons
Relaxation Classes	Thursday afternoons
Ophthalmic Clinic (School Health Service)	By appointment only
Dental Treatment	By appointment only
Speech Therapy	By appointment only
Chiropody (for Old Age Pensioners, Persons Handicapped and Expectant Mothers only)	By appointment only

The following is a list of Clinical Sessions provided at the **Three Arch Bridge Clinic, Cherry Avenue, Brentwood, Essex.** (Telephone: Brentwood 767).

Ophthalmic Clinic	1st Monday afternoon in month
Chiropody	2nd and 4th Mondays in month
Immunisation, including polio vaccination	3rd Monday in month
Audiometry Sessions	2nd Tuesday in month
Minor Ailment	1st, 3rd and 5th Tuesday mornings in month
Child Welfare	Every Wednesday afternoon
Child Welfare (Doctor in attendance)	2nd Wednesday in month
Speech Therapy	Wednesday mornings by appointment
Women's Welfare	Thursday mornings (1st and 3rd in month)

The following is a list of Clinical Sessions provided at the **Hutton Clinic, Coram Green, Hutton, Essex.** (Telephone: Brentwood 6182).

Midwives' Clinic	1st and 3rd Monday afternoons in month
Ophthalmic Clinic	3rd Monday morning in month
Relaxation Classes	Tuesday and Thursday mornings
Infant Welfare	Tuesday afternoons, 2 p.m.-4 p.m.
Minor Ailment (Doctor in attendance)	Wednesday mornings, 9.30 a.m.-11.30 a.m.
Child Welfare	Wednesday afternoons, 2 p.m.-4 p.m.
Immunisation	3rd Friday in month, 9.30 a.m.-11.30 a.m.
Child Welfare	Friday afternoons
Audiometry Sessions	1st Friday in month
Dental Clinic	By appointment only

Subsidiary Centres:

Meeting Place	Day and Time
Ingrave Clinic (held at St. Nicholas Church Hall) (Doctor in attendance)	2nd and 4th Monday afternoons in month
South Weald Clinic (held at 85 London Road)	2nd and 4th Tuesday afternoons in month
Bentley Clinic (held at the Village Hall) (Doctor in attendance for Child Welfare Immunisation Clinic 1st Thursday in month)	Every Thursday afternoon
West Horndon Clinic (held at the Village Hall, Thorndon Avenue) (Doctor in attendance)	2nd and 4th Thursday afternoons in month

The Acting Area Medical Officer, Dr. J. Gorman, has been kind enough to let me have the following information on the number of people given various protective immunisations during the year in Brentwood:—

Diphtheria/Whooping Cough/	Primary	925
Tetanus (Triple):	Booster	368
Diphtheria/Tetanus:	Primary	26
	Booster	252
Diphtheria:	Primary	1
	Booster	126
Tetanus:	Primary	1,811
	Booster	318
Vaccination against Smallpox:	Vaccinated	509
	Re-vaccinated	341
B.C.G. Vaccination:	Tuberculin Tested	428
	Number found positive	72
	Number received B.C.G.	330
Poliomyelitis Vaccination:	Primary	1,078
	Booster	525

The County Ambulance Service:

The ambulance service is centrally administered and is the responsibility of the Essex County Council. Dr. J. A. C. Franklin, the County Medical Officer of Health, has kindly provided the following information relating to the operation of the County Ambulance Service in the Brentwood Urban District during 1964:—

Ambulance vehicles	2
Dual Purpose vehicles	2
Stretcher cases	1,780
Other cases	19,689
Total cases conveyed	21,469
Total mileage	109,106
Total emergency cases	1,718

Part IV—General Practitioners' Service:

Two Family Doctors who had worked for many years in Brentwood retired from the National Health Service during the year.

According to the Executive Council, there are now 23 Doctors providing service under the National Health Services in Brentwood.

SECTION "E"

DEPARTMENT OF THE CHIEF PUBLIC HEALTH INSPECTOR:

Inspection of Area:	Inspections:	Re-inspections
Housing Acts, 1936-1957 (Demolition or Closure)	103	241
Housing Act, 1957 (Repair of Housing Defects)	39	129
Housing Acts (Overcrowding)	25	20
Public Health Act, 1936 (Remedy of Sanitary Defects)	92	292
Housing Acts—Improvement Grants	40	329
Housing Acts—Standard Grants	30	75
Housing Acts—Inquiries re Grants, etc.	110	2
House Improvements—Survey	28	—
Houses in Multiple Occupation	6	35
Public Health Act (General)	280	428
Infectious Diseases	174	137
Food Poisoning Investigation	8	44
Verminous or Dirty Premises	21	21
Disinfestation (Pests, etc.)	21	19
Water supplies	31	8
Drainage and Sewerage	239	468
Cesspools and Pail Closets	36	231
Ponds, ditches, etc.	114	201
Keeping of swine, fowl, etc.	21	63
Accumulation of Refuse	109	44
Refuse Tips	100	16
Rats and Mice (General)	136	187
Rats and Mice (Sewer baiting)	76	—
Factories (Power)	119	22
Factories (non-power)	8	5
Outworkers	35	1
Shops Act	250	25
Hairdressers Premises	26	8
Massage Establishments	6	—
Pet Shops	8	—
Moveable Dwellings	8	1
Swimming Bath Visits	17	1
Swimming Bath Samples	11	—
Diseases of Animals Act (Waste Foods Order) ..	13	11
Clean Air Act, 1956	85	29
Smoke Observations	50	66
Schools (Washing and Sanitary Facilities) ..	21	6
Agriculture (Safety, Health and Welfare Provisions) Act	30	8
Offices, Shops and Railway Premises Act, 1963 (Inspections)	185	26
O.S.R. Premises Act, 1963 (Preliminary Survey)	1,158	—
Miscellaneous Visits	345	24
Miscellaneous Interviews	—	—
Noise Abatement Act	38	3
Public Conveniences	36	61
	<hr/> 4,292	<hr/> 3,287

Visits by Disinfestation and Rodent Operator:

Laundry Service for the Incontinent (number of calls to patients)	1,837
Disinfestation	104
Drain Testing	54
Conveyance of Welfare Foods to Clinics	44
Assisting Public Health Inspectors ..	66
Rat Destruction—Domestic premises ..	2,010
Rat Destruction—Refuse Tip	48
Rat Destruction—Sewage Works ..	152

Number of complaints received during the year	673
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FOOD PREMISES — VISITS

Food Factories	32
Meat Shops	201
Fried Fish Shops	31
Other Food Shops	418
Cafes, etc.	240
Licensed Premises	86
Ice-cream Premises	67
Dairies and Milk Shops	50
Bakehouses	40
Canteens (School)	93
Canteens (Factory)	55
Canteens (Institutional)	70
Mobile Shops	13
Milk and Ice-cream Vehicles	13
Visits in connection with Food Sampling	42

1,451

FOOD PREMISES

The number of visits to food premises was stepped up somewhat over the previous year. General standards in the district remained reasonably satisfactory. As a result of the outbreak of Typhoid in Aberdeen it was necessary to call at numerous shops to check stocks of corned beef. Co-operation with the shop keepers both in this and in other matters was good.

MEAT INSPECTION

The proposed abattoir at Warley has not yet been constructed and no meat inspection (apart from that in butchers' shops) was carried out during the year.

MILK SUPPLIES

Forty-five bacteriological samples of milk were taken during the year and supplies generally were adequate and satisfactory. The standard of cleanliness was high. Three samples only failed to satisfy the Methylene Blue test.

Twenty-four chemical samples were taken and the results of all of these were satisfactory.

ICE-CREAM SAMPLING

Forty bacteriological samples of ice-cream were taken; only one of which was unsatisfactory.

Efforts are made to persuade traders to sell wrapped ice-cream whenever possible. It is the department's view that the sale of loose or soft ice-cream, which often takes place from unsatisfactory vehicles should be prohibited by legislation.

UNSOUND FOOD

The total amount of unsound food condemned during the year was approximately $10\frac{1}{2}$ tons. Approximately ten tons of this was made up of frozen foods which had to be condemned as a result of a railway crash at Shenfield.

FOOD & DRUGS ACT, 1955

As from April 1st, the Brentwood Urban District Council became a Food and Drugs Authority.

During the period from 1st April to the 31st December, 1964, thirty formal samples and one hundred and two informal samples were taken. The public analyst reported favourably on almost all the samples and in no case was it necessary to take legal proceedings in respect of unsatisfactory articles of food.

SWIMMING BATHS

The result of samples taken from the Brentwood Public Bath and the various school swimming baths were as follows:—

	Samples taken				Results
Brentwood U.D.C. Bath	5	satisfactory
Ursuline Girls' School	2	"
Brentwood Boys' School	2	"
Shenfield Technical College	2	"

CLEAN AIR ACT, 1956

The Brentwood No. 4 Smoke Control Order was approved during the year. The Order affects 676 houses and will come into force on 1st August, 1965.

HOUSING

During the year eighteen houses were demolished, eighteen houses closed and part of one house closed.

Sixty-eight houses were made fit by formal or informal action and numerous small defects dealt with informally.

Ministerial approval has now been received in respect of an area to be re-developed in St. James Road and Railway Square, and the necessary Clearance Order confirmed. As a result of this some fifty houses in the area will be demolished and the site developed by the Council for re-housing purposes.

The Public Health Inspectors Department continue to deal with applications for Standard and Discretionary Grants. This work is very time consuming but also very worthwhile from a Public Health point of view. It is felt, however, that the legislation contained in the Housing Act of 1964, is needlessly ponderous, and it would appear that insufficient consideration has been given to the need to simplify procedure as much as possible in order to achieve the modernisation of houses at the rate desired.

HOUSING STATISTICS

Houses in clearance areas and unfit houses elsewhere :—

(a) Houses demolished during the year :							
In clearance areas	...	...	...	...	...	...	Nil
Not in clearance areas (As a result of formal or informal procedure under Section 17 (i) Housing Act, 1957)	...	...	...	...	...	...	18
(b) Unfit houses closed during the year:							
Under Section 16 (4), 17 (1) and 35 (1) Housing Act, 1957	...	...	...	...	...	...	18
Parts of buildings closed	...	...	...	...	...	...	1
(c) Unfit houses made fit and houses in which defects were remedied :							
(a) After informal action by Local Authority	...	...	...	...	...	...	60
(b) After formal notice under :							
(i) Public Health Acts	...	...	...	...	...	...	3
(ii) Sections 9 and 16 Housing Act, 1957	...	...	...	...	...	...	5
(d) Unfit houses in temporary use	...	...	...	...	...	...	Nil
(e) Purchase of houses by agreement	...	...	...	...	...	...	12

THE ADMINISTRATION OF THE FACTORIES ACT, 1961

INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Inspections (3)	Written Notices (4)	Number of:— Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities ..	12	13	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	120	141	8	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ..	—	—	—	—
Total:	132	154	9	—

CASES in which DEFECTS were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found		Referred		Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector (4)	By H.M. Inspector (5)	
(1) Want of Cleanliness (S.1) ..	(2) 3	(3) 3	—	—	(6) —
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	1	1	—	1	—
(b) Unsuitable or defective ..	8	4	—	—	—
(c) Not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total:	12	8	—	1	—

EPIDEMIC VOMITING DISEASE

The following report by Dr. J. R. Wray is re-printed by kind permission of the Editor of "The Medical Officer".

INTRODUCTION

"Epidemic Nausea and Vomiting" was first reported in this country by Miller and Raven (1936). It is generally accepted that it is caused by a virus, not yet isolated. Since then, numerous writers have published articles on specific outbreaks, but most have not noted the frequency of its occurrence in one area. However, Moore (1962) who called it "acute non-bacterial gastro-enteritis" reported the incidence in a seaside resort over several years, and concluded that an attack gave an immunity that lasted more than one year but waned after about five years. Gray (1939) first reported that the disease was endemic in this country. It therefore seemed worth reporting the incidence in an urban district of Essex as recorded since 1961 and the results of a questionnaire sent out after an outbreak in 1964.

PREVIOUS OUTBREAKS IN BRENTWOOD DISTRICT

My predecessor, Dr. D. T. Jones, investigated an outbreak of vomiting in two infants' schools in October, 1961, and after intensive investigation concluded that this was "epidemic nausea and vomiting". In February, 1962, he recorded that at one of these schools a further 30 children and three members of the staff were sick with gastro-enteritis over a period of three weeks. There were sporadic cases up until April, 1962, then there are no cases recorded until October, 1962. The health visitors were asked to investigate in November, 1962, and some of their conclusions are summarized here :—

(1) The majority of families affected are those who have previously had the complaint.

(2) It is mainly mothers, primary school children and toddlers who are affected.

(3) Babies aged 0-1 years, children over 12 years and fathers are in the minority.

(4) It appears that families who are affected for the first time suffer from both diarrhoea and vomiting, whilst recurrent cases mainly have severe vomiting.

(5) Main symptoms are abdominal pain, nausea and vomiting, followed by loose stools lasting eight to nine hours. Onset sudden. Patient is better in 12 to 24 hours. Raised temperature and headache are reported by some of the cases.

(6) Spreads rapidly through household in one day.

(7) Many families have had similar attacks two or three times.

At the end of November, 1962, a questionnaire was sent to all schools requesting the number of cases of recent gastro-enteritis. Two hundred and sixteen cases were reported by 19 schools, but in most of them the attack rate was very low. The school with the most cases had 70 out of a total of 239 pupils. Only five schools in the district gave a nil return at that time.

In 1963 no cases were recorded, but this may be because the medical officer of health left and his deputy had to deal with an outbreak of Sonne dysentery in which 114 cases occurred between June and October, 1963.

At the beginning of October, 1964, an outbreak of vomiting disease was reported by the headmistress of the infants' school which had suffered most from Sonne dysentery the previous year. An immediate investigation was, therefore, made to ensure that the outbreak was not due to dysentery. Twenty-six children who were sick at home were visited and histories and faecal samples taken. No faecal sample showed any pathogenic organism and 17 samples sent specially for virology showed no virus present. It was clear from the case histories that this was another outbreak of "epidemic vomiting" disease. Enquiries at other schools showed that they were also getting cases and by the beginning of November, 1964, 21 schools had reported a total of 434 cases.

Health inspectors visited all the schools, but in no case was there any evidence that the sickness was due to food poisoning or dysentery. The pattern of the disease in each school was similar. There was a slow build up of cases to a peak incidence, and then fewer and fewer cases over a period of three to four weeks. One primary school which had only reported three cases in 1962, reported 117 cases out of 362 pupils in September and October, 1964. All primary schools in the urban district reported some cases. One of the schools which suffered most in 1961, 1962, and 1964 is one where nearly all the mothers of the children go out to work, and apparently do not always call in a doctor when a child vomits, so that nearly all the children affected by this outbreak were back at school the following day. There was a lower incidence in a school which had its only cases just before a mid-term holiday, and also by one school where the headmistress insisted that parents kept sick children away for three days. This may have been a coincidence, but seemed worth investigating. If the disease is of short duration and has a short incubation period, temporary exclusion from school might limit an outbreak, although this would be a very unpopular measure (and unjustified for a mild disease) unless the exclusion is for a very short period. Ash (1958) reported a short incubation period of 24-48 hours and McLauchlan (1957) an incubation period of 24-72 hours whereas Miller and Raven (1936) reported it to be two to eight days and Bradley (1943) two to seven days.

It therefore seemed worthwhile to try and get further information by sending out a questionnaire to all parents whose children were absent from school due to vomiting. The forms were sent to heads of schools who gave them to children who had been absent from school and were thought by the school teachers to have had an attack of vomiting disease.

The questionnaire was accompanied by a letter to the parent explaining the circumstances. The questionnaire was headed by a list of the common symptoms: vomiting, stomach pains, headache, fever and diarrhoea, with a box after each in which "yes" or "no" had to be deleted. Nausea and vertigo were not included because of the difficulty of explaining them in lay terms. Vomiting was explained by "bringing up food or liquid from the stomach" in brackets. After this item some people deleted "yes" and "no" and wrote "both" or "liquid only". There was a "remarks" column for listing other comments. No complications were recorded.

RESULTS OF QUESTIONNAIRE

The total number of questionnaires sent out by the schools is not known. After 300 completed questionnaires had been returned a start was made on analysing them. A few late returns were ignored. Out of the 300

returns, 36 were rejected because there was doubt whether the child had, in fact, suffered from this disease. In some cases rejection was obvious, for example, where tonsillitis or urinary infection was mentioned. The borderline cases were those in which there was a one day illness consisting of stomach pain and diarrhoea without vomiting. However, these cases were rejected because the presenting symptom in all cases investigated appeared to be vomiting. The only questionnaires accepted that did not give vomiting as a symptom were those cases in which two children in the same family at the same school became ill on the same day, one with vomiting and the other without it, but with other symptoms of stomach pain and diarrhoea.

There is, therefore, a definite bias in selection of those questionnaires (262 out of 264) which gave vomiting as a symptom, and it must not be forgotten that the questionnaires were originally sent out by school teachers to those children who they thought had suffered from vomiting. This does not mean, therefore, that the causal agent cannot provoke an illness consisting of nausea, stomach pain and diarrhoea only. The difficulty of accepting questionnaires with these symptoms alone is that the causal agent may have been green apples or a purgative.

FIG. 1
Frequency of Reported Symptoms

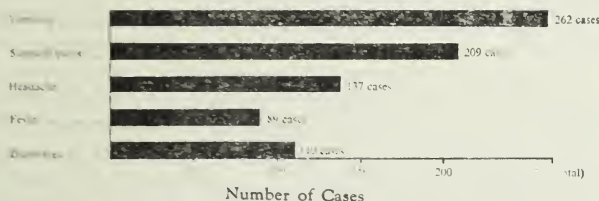
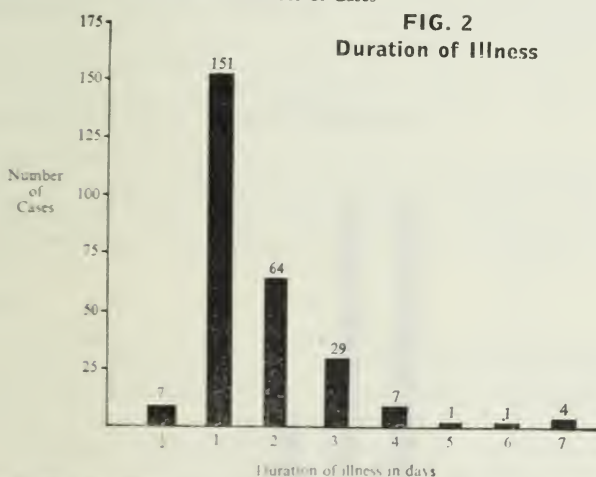


FIG. 2
Duration of Illness



With these reservations in mind, therefore, Figure 1 gives the frequency of the reported symptoms. These results are consistent with those reported by Bradley (1943) and Moore (1962). Miller and Raven (1936) reported that abdominal pain was **absent**. Gray (1939) does not mention it. Hopkins (1958) reports it in 27 cases out of 50. It was also a major symptom in the outbreak reported by McLauchlan (1957).

Miller and Raven (1936) reported that there were no cases of diarrhoea, but in this disease there are often one or two loose stools which the public call "diarrhoea". That it is very mild is shown by Figure 2 which gives the duration of illness in days.

The absence of any reports of meningeal symptoms, vertigo and collapse, makes it difficult to accept that outbreaks reported by Haworth *et al.* (1956) and Pollock and Clayton (1964) are due to the same virus, although Ash (1958) in reporting on "several hundred" cases of epidemic vomiting and diarrhoea of unknown origin gives details of some with meningeal symptoms. Perhaps the same virus can at times become more virulent. It is most likely that the cause of the sudden vomiting is involvement of the central nervous system and not irritation of the gastro-intestinal tract.

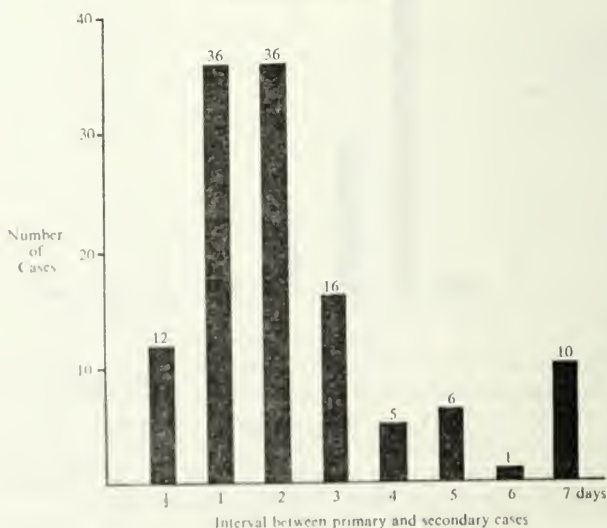
Duration of Illness

This is given in Figure 2. Over half the 264 cases were ill for only one day. This is consistent with previous reports on "epidemic nausea and vomiting" but does not fit in with the three days' mean duration of symptoms reported by Pollock and Clayton (1964) in their account of "Epidemic Collapse".

Incubation Period

It was considered that information about how soon other persons in the family **not** attending the same school contracted the disease would give evidence of the length of the incubation period of the disease. Figure 3 gives this information. Not included in the table are two cases who became sick three weeks later, and one who became sick ten days later. Of the 125 secondary cases reported, 84 (over two-thirds) developed the disease within two days of the initial case. I consider it is reasonable to assume that the incubation period is normally 24 to 48 hours, but it is interesting that it may be as short as 12 hours.

FIG. 3
Incubation Period



Time of Onset of Symptoms

Although this question was not asked in the questionnaire, it was clear from talking to school teachers that this could be at any time of day; children would arrive at school apparently well and then vomit in the classroom either during the morning or the afternoon. Some parents stated on the questionnaire that vomiting took place during the night.

Previous Attacks in the Family

The total number of families reporting previous attacks was 123, which is 48 per cent of the total of 255 families who answered the questionnaire.

The year of previous attacks was asked but some parents were more specific and gave the month as well. The results of this are shown in Table 1.

TABLE I
Incidence of previous attacks in the family

Date No. of families reporting attacks	July 64	April 64	Jan. 64	1963	1962	1961	1960
	2	14	2	85	50	24	7

An interesting fact is that 85 families reported attacks in 1963—a year in which no outbreaks were recorded at the public health office.

Immunity

The questionnaire was badly worded and, therefore, no figures can be given on the duration of individual immunity.

The question was phrased: "If any of your children have previously suffered from this complaint please state which year?" However, the replies often positively identified that it was the schoolchild whose questionnaire was completed that suffered the previous attack. A typical reply was "Twice in 1963 (first year at school)" followed in the remarks column by "Previous attacks at Roxwell, Chelmsford, when other members of the family also had the vomiting two days after the school child".

I consider there was sufficient evidence from the questionnaires to show that in at least some families individual immunity does not last longer than a year. In some cases, relapses after a week were reported. If the immunity is short-lived, this disease is likely to become more widespread and common.

Age and Sex

The age and sex of all those reported in the questionnaire as suffering from the disease is given in Table II. The Table includes secondary cases in the family, some of whom were at schools outside the urban district. As the questionnaire was sent to primary school children it can be expected that they would be in the majority, although there is a greater proportion in the age group 5-7 compared with 8-11. There is a statistically significant excess of females over males. There were 113 boys and 151 girls affected in the primary schools to which the questionnaire was sent out of a school population of 2,506 boys and 2,346 girls. However, this may be a sampling error in that (1) parents of boys were reluctant to return the questionnaire (2) school teachers sent questionnaires to girls more frequently than to boys because the boys perhaps would not admit to vomiting.

TABLE II
Age and Sex of all cases, including Secondary Cases

0-1 yrs.		2-4 yrs.		5-7 yrs.		8-11 yrs.		12-20 yrs.		Adults	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
11	4	12	11	83	106	46	61	9	2	38	56

It is interesting that previous reports by Gray (1939) and Bradley (1943) show a preponderance of females, although this was mainly because girls' schools were attacked rather than boys' schools. All the primary schools to which the questionnaire was sent are mixed schools. Hopkins (1958) found no significant difference in the sex incidence.

Seasonal Incidence

The disease has been termed "winter vomiting" although it is now clear that outbreaks can occur throughout the year. McLauchlan (1957) records a large outbreak in June, 1955. However, the main outbreaks in this district have been in the colder months. On these occasions the ventilation is less due to closed windows, which favours a theory that outbreaks may be due to spread by droplet infection. However, as viruses are commonly spread by faecal contamination, washing of hands and disinfection of water closet seats is always advised during outbreaks.

SUMMARY

An account is given of the reported incidence of "epidemic vomiting" disease in an urban district between 1961 and 1964.

The results obtained from analysing 264 questionnaires are discussed.

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